

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/519851</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		1	12-29-05
		\$ 100	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		7 TOTAL AMOUNT OF REFUND	\$ 100
10 REASON:		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/c #: <u>18--0350</u>	
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>	
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>	
OFFICE: _____			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**